BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 875)

SERIAL NO.	FILING DATE			
APPLICANT(S)				

(FOR USE WITH FORM PTO-875)									
	C								
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	17								
2	<u> </u>	1.							
3	 	 	 						
5	 								
6									
7		-							
9	 								
10	 								
11									
12									
13 14	 								
15	 								
16									
17									
<u>18</u> 19	 	-							
20	 	. 							
21									
22		, ,		ı					
23		3 D			/				
25		**							
26,		T I		- 'anı . •					
27									
28		-" +		Circ					
30		-, 1		1					
31		_;		AD I					
32				<u></u>					
33 34	l								
35									
36									
37									
38 39							-		
40									
41									
42									
43									
45		- 	-+						
46									
47									
48									
49 50	 	——							
	7								
OTAL IND.		▼		▼		*			
TAL DEP	67	4 .	•	← .		-			
TOTAL CLAIMS	FX				l				

MS	A11(5)						
IVIS	AS F	AS FILED		TER NDMENT	AFTER 2 AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP	
51							
52							
53							
54 55					ļ		
56					 		
57	 				 	 	
58					 	 	
59					l	 	
60							
61							
62							
63	- 					 	
65	 					ļ	
66							
67						 	
68							
69							
70							
71 72	 						
73	1					 	
74	1					 	
75						 	
76							
77							
78	_						
79 80	 						
81	 					ļ	
82	 						
83							
84							
85	1						
86	-						
87 -88···						·	
89						,	
90				·			
91							
92							
93							
94	 						
95							
96 97							
98	 						
99	 	 }-			 		
100							
TOTAL IND.	 	<u> </u>		~ }		▼	
TOTAL DEP.	12	7	`	_		7	
TOTAL CLAIMS							

U.S. DEPARTMENT of COMMERCE